STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

CPS ADULT STATUS REPORT

PLEASE PRINT CLEARLY

CLIENT NAME		SOCIAL SECURITY NUMBER
AGENCY CODE	REPORTING MONTH/YEAR	CLIENT STATE ID
BIRTH DATE	MODIFIED GAF SCORE	AGENCY SITE (OPTIONAL)

PROGRAM TYPE (CHECK ONLY ONE)

CPR Community Psychiatric Rehabilitation
- ☐ **Intensive CPR** – Level of Care
- ☐ **Rehabilitation CPR** – Level of Care
- ☐ **Maintenance CPR** – Level of Care
  (Maintenance CPR is not a qualifying service)

☐ **TCM** – Targeted Case Management
☐ **POS/CM** - Purchase of Service

ASSESSMENT TYPE (CHECK ONLY ONE)

☐ Admissions Report
- ☐ 1. New Admission
- ☐ 2. Readmission

☐ Annual Report
☐ Discharge Report
- ☐ 1. Client Improved (No longer needs level of service)
- ☐ 2. Client discharged to another provider
- ☐ 3. Client discontinued services (Dropped out)
- ☐ 4. Client moved to more restrictive setting
  - ☐ a. Long term hospitalized
  - ☐ b. Nursing home
  - ☐ c. Jail or prison
- ☐ 5. Client Deceased
- ☐ 6. Other-Specify: _____

☐ Level of Care
- ☐ 1. From Intensive
- ☐ 2. From Rehab
- ☐ 3. From Maintenance

TYPE OF HOUSING (CHECK ONLY ONE)

CHECK THE CURRENT HOUSING STATUS OF THE CLIENT.

☐ 1. Independent Living
☐ 2. Supervised Individual Living
☐ 3. Semi-Independent Apartment
☐ 4. Living with friends/relatives
☐ 5. RCF/group home
☐ 6. Homeless
☐ 7. Other-Specify: _____
☐ 8. Hospital
☐ 9. Nursing Home
☐ 10. Jail or prison

TYPE OF VOCATIONAL ACTIVITY (CHECK ONLY ONE)

CHECK THE "HIGHEST FUNCTIONING" TYPE OF VOCATIONAL ACTIVITY IN WHICH THE CLIENT IS CURRENTLY ENGAGED.

☐ 1. Independent Competitive Employment
- ☐ a. Employed Full-Time
- ☐ b. Employed Part-Time
  Average Hours Worked per week _____ (Estimate)

☐ 2. Assisted Competitive Model
☐ 3. Sporadic or Casual Employment
☐ 4. Supported Employment
☐ 5. Sheltered Workshop
☐ 6. Non-Paid Work Experience
☐ 7. No Employment of Any Kind
☐ 8. Retired

PHYSICAL HEALTH (CHECK ALL THAT APPLY)

THE PHYSICAL HEALTH ITEMS RELATE TO CLIENT ACTIVITY WITHIN THE PAST 12 MONTHS.

	NEED		RECEIVED	
ROUTINE PHYSICAL HEALTH	☐ YES	☐ NO	☐ YES	☐ NO
DENTAL	☐ YES	☐ NO	☐ YES	☐ NO
VISION	☐ YES	☐ NO	☐ YES	☐ NO
EMERGENCY	☐ YES	☐ NO	☐ YES	☐ NO

MAIL TO: **MISSOURI DEPARTMENT OF MENTAL HEALTH**
DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES (CPS)
QUALITY TREATMENT SECTION
1706 EAST ELM STREET, P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102

COMMUNICATION SERVICES (CHECK ALL THAT APPLY)

THE COMMUNICATION ITEMS RELATE TO CLIENT ACTIVITY WITHIN THE PAST 12 MONTHS.

Is special language or communication assistance (interpreting in any language other than English, including American Sign Language, document translation, etc.) **needed**?

American Sign Language	☐ YES	☐ NO	
Other Language	☐ YES	☐ NO	If yes, specify: _____
Other Communication Assistance	☐ YES	☐ NO	If yes, specify: _____

WAS THE CLIENT ADVISED THAT SPECIAL LANGUAGE OR COMMUNICATION ASSISTANCE (INTERPRETING IN ANY LANGUAGE OTHER THAN ENGLISH, INCLUDING AMERICAN SIGN LANGUAGE, DOCUMENT TRANSLATION, ETC.) WAS **AVAILABLE**?

☐ YES ☐ NO

HAS SPECIAL LANGUAGE OR COMMUNICATION ASSISTANCE (INTERPRETING IN ANY LANGUAGE OTHER THAN ENGLISH, INCLUDING AMERICAN SIGN LANGUAGE, DOCUMENT TRANSLATION, ETC.) BEEN **RECEIVED**?

☐ YES ☐ NO

COMMITMENT STATUS (CHECK ONLY ONE)

CHECK THE CURRENT COMMITMENT TYPE FOR THE CLIENT.

☐ 1. Voluntary

☐ 2. Civil Involuntary - Inpatient

☐ 3. Civil Involuntary - Outpatient

☐ 4. Criminal Involuntary

LEGAL INVOLVEMENT (CHECK ALL THAT APPLY)

WAS THE CLIENT INVOLVED WITH THE COURT OR LAW ENFORCEMENT WITHIN THE PAST **12** MONTHS?

☐ 1. No law enforcement contact

☐ 2. Law enforcement contact, but charges not filed

☐ 3. Charged with a crime

☐ 4. Convicted or pled guilty
- ☐ a. Probation
- ☐ b. Jail/prison sentence
- ☐ c. Parole

☐ 5. Person has been the victim of a crime within the past 12 months.

HIGHEST EDUCATIONAL LEVEL COMPLETED (CHECK ONE)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8
☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16
☐ M ☐ Doctorate

EDUCATIONAL ACTIVITY (CHECK ONLY ONE)

☐ 1. Not currently engaged in educational activities

☐ 2. Working on Diploma/GED/Adult Basic Education

☐ 3. Vocational school or training

☐ 4. College-part time (11 credit hours or less)

☐ 5. College-full time (12 credit hours or more)

☐ 6. Adult Continuing Education (non-credits)

MENTAL HEALTH INTERVENTIONS (CHECK ALL THAT APPLY)

THE ITEMS RELATE TO CLIENT ACTIVITY WITHIN THE PAST **12** MONTHS.

☐ 1. No mental health hospitalizations.

☐ 2. **Psychiatric hospitalization.**
How many times? _____

☐ 3. **Substance abuse** (Residential treatment and/or hospitalization).
How many times? _____

* * *

☐ 4. Client seen in hospital emergency room for mental health issues.
How many times? _____

☐ 5. Client contacted crisis hotline.
How many times? _____

☐ 6. Client seen by mobile crisis team.
How many times? _____

☐ 7. Other _____

GUARDIANSHIP (CHECK ONLY ONE)

☐ 1. No guardian or conservator

☐ 2. Conservator/payee

☐ 3. Guardianship

RECENT SUBSTANCE USE (CHECK ALL THAT APPLY)

WITHIN THE PAST **12** MONTHS HAS INDIVIDUAL HAD A PROBLEM WITH THE FOLLOWING THAT HAS HAD A **SIGNIFICANT IMPACT** ON DAILY FUNCTIONING?

☐ 1. No Drug or Alcohol Abuse

☐ 2. Drug Use (Prescription or over the counter medications)

☐ 3. Alcohol Use

☐ 4. Drug Use (Illegal substances)

STAFF/CLINICIAN NAME (PLEASE PRINT)